

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 402904WO

Box No. I TITLE OF INVENTION Method for managing content	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Koninklijke KPN N.V. Stationsplein 7 9726 AE GRONINGEN The Netherlands	
Telephone No. +31 70 4460678	
Facsimile No. +31 70 4460840	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) VAN STEENBERGEN Ate Sander Framaheerd 82 9737 NN GRONINGEN The Netherlands	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) WUYTS Koenraad Maria Koninklijke KPN N.V. P.O. 95321 2509 CH THE HAGUE The Netherlands	
Telephone No. +31 70 4460678	
Facsimile No. +31 70 4460678	
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DE VRIES Bob Richard
Meerweg 102
9752 JL HAREN
The Netherlands

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
NL

State (that is, country) of residence:
NL

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

VAN DER VELDE Reanne Martine
Salvador Allendeplein 62
9728 TM GRONINGEN
The Netherlands

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
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NL

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☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BANUS René
G.J. Boekhovenstraat 8
9728 VK GRONINGEN
The Netherlands

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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State (that is, country) of residence:
NL

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is **not designated** for any kind of national protection
- ☐ KR Republic of Korea is **not designated** for any kind of national protection
- ☐ RU Russian Federation is **not designated** for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 27 June 2003	60/483,481	US		
item (2) 30 June 2003	60/483,808	US		
item (3)				

- ☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

- ☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . .

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | | |
|-------------------------------------|--------------------|--|---|
| <input type="checkbox"/> | Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> | Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> | Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input checked="" type="checkbox"/> | Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> | Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

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Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (iv) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: US 60/483,481 filed on 27. June 2003; US 60/483,808 filed on 29 December 2003;

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

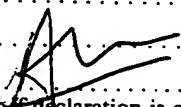
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: VAN STEENBERGEN Ate Sander

Residence: Framaheerd 82; 9737NN GRONINGEN; The Netherlands
 (city and either US state, if applicable, or country)

Mailing Address: P.O. Box 95321
 2509 CH THE HAGUE; The Netherlands

Citizenship: The Netherlands

Inventor's Signature: 
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

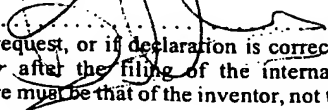
Date: 26-07-2004
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: DE VRIES, Bob Richard

Residence: Meerweg 102; 9752 JL HAREN; The Netherlands
 (city and either US state, if applicable, or country)

Mailing Address: P.O. Box 95321
 2509 CH THE HAGUE

Citizenship: The Netherlands

Inventor's Signature: 
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: 26-07-2004
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Continuation of Box No. VIII (i) to (v) · DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.

Name: VAN DER VELDE Reanne Martine

Residence: Salvador Allendeplein 62; 9728 TM GRONINGEN; The Netherlands

Mailing address: P.O. Box 95321

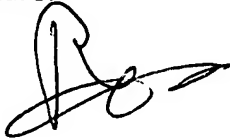
2509 CH THE HAGUE

The Netherlands

Citizenship: The Netherlands

Signature:

Date:



26.07.2004

Name: BANUS René

Residence: G.J. Boekhovenstraat 8; 9728 VK GRONINGEN; The Netherlands

Mailing address: P.O. Box 95321

2509 CH THE HAGUE

The Netherlands

Citizenship: The Netherlands

Signature:

Date:



26.07.2004

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) **in paper form**, the following number of sheets:request (including declaration sheets) : **6**description (excluding sequence listing and/or tables related thereto) : **6**claims : **2**abstract : **1**drawings : **2****Sub-total number of sheets** :

sequence listing :

tables related thereto :

*(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)***Total number of sheets** :(b) ☐ **only in computer readable form** (Section 801(a)(i))(i) ☐ sequence listing(ii) ☐ tables related thereto(c) ☐ **also in computer readable form** (Section 801(a)(ii))(i) ☐ sequence listing(ii) ☐ tables related thereto**Type and number of carriers** (diskette, CD-ROM, CD-R or other) on which are contained the☐ sequence listing:☐ tables related thereto:*(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)*This international application is **accompanied by** the following item(s) *(mark the applicable check-boxes below and indicate in right column the number of each item)*:

Number of items

1. ☒ fee calculation sheet : **1**2. ☐ original separate power of attorney :3. ☐ original general power of attorney :4. ☒ copy of general power of attorney; reference number, if any: : **1**5. ☐ statement explaining lack of signature :6. ☐ priority document(s) identified in Box No. VI as item(s): :7. ☐ translation of international application into *(language)*: :8. ☐ separate indications concerning deposited microorganism or other biological material :9. ☐ sequence listing in computer readable form *(indicate type and number of carriers)*(i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :(ii) ☐ *(only where check-box (b)(i) or (c)(i) is marked in left column)* additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :(iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :10. ☐ tables in computer readable form related to sequence listing *(indicate type and number of carriers)*(i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :(ii) ☐ *(only where check-box (b)(ii) or (c)(ii) is marked in left column)* additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :(iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :11. ☐ other *(specify)*: :**Figure of the drawings** which should accompany the abstract:**Language of filing of the international application:**

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*


WUYTS Koenraad Maria

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1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

402904WO

Date stamp of the receiving Office

Applicant

KONINKLIJKE KPN N.V.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE EUR 100 **T**

2. SEARCH FEE EUR 1550 **S**

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets }
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets EUR 902 **i1**

i2 _____ x _____ = **i2**
number of sheets fee per sheet
in excess of 30

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = **i3**
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I EUR 902 **I**

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) **P**

5. TOTAL FEES PAYABLE EUR 2552

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

- ☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

- ☒ Authorization to charge the total fees indicated above.
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
☒ Authorization to charge the fee for priority document.

Receiving Office: RO/ **EPO**

Deposit Account No.: **2 809 0011**

Date: **June 23, 2004**

Name: **K.M. Wuyts**

Signature: _____

Kopie für den Bevollmächtigten
To be returned to authorisee
Copie destinée au mandataire

1 **ALLGEMEINE VOLLMACHT**
GENERAL AUTHORISATION
POUVOIR GENERAL

AV Nr. (bitte bei jeder Korrespondenz angeben)
GA No. (please quote in all correspondence)
PG n° (prérez de mentionner dans toute correspondance)

21396(rev)

2 Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.
Stationsplein 7
9726 AE GRONINGEN
The Netherlands

3 bevollmächtigen / hereby authorise / autorise (autorisons) par la présente

the following employee of Koninklijke KPN N.V.

WUYTS Koenraad Maria (Professional Representative)

Mailing address: Koninklijke KPN N.V.
Intellectual Property Group
P.O. Box 95321
2509 CH THE HAGUE
The Netherlands

mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten,
alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive
payments on my (our) behalf.

À me (nous) représenter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute procédure instituée par la Convention sur le brevet européen
et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.

☒ Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patents.
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.
Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

5 ☒ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.

6 ☒ Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.
Prérez de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort/Place/Lieu **The Hague**

Datum/Date **August 27, 2002**

Unterschrift(en) / Signature(s)

K.M. Wuyts (Head Intellectual Property Group)

7 Das Formblatt muß vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftsberechtigten) eigenhändig unterzeichnet sein. Nach der Unterschrift bitte den
(die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftsberechtigten innerhalb der Gesellschaft
angeben).

The form must bear the personal signature(s) of the authorisor(s) (in the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s)
of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.

Le formulaire doit être signé de la main du (des) mandant(s) (dans le cas de personnes morales, de la personne ou des personnes habilitées à signer). Après la signature, il faut typographier le nom (les noms) du (des) signataire(s) en ajoutant, dans le cas de personnes morales, sa (leur) position au sein de la société.

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- ☒ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
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